

ATTACHMENT 12
Budget Format

Exhibit B, Attachment III
Budget Detail
Year 3
(JANUARY 1, 1017 through DECEMBER 31, 2017)

A. Personnel (contractor's staff only; include more rows if applicable)

	Salary	Percent of Time	Number of Months	Salary Range
Position #1 (include staff name if known)	\$x,xxx	xx%	xx	\$x,xxx-\$x,xxx
Position #2	\$x,xxx	xx%	xx	\$x,xxx-\$x,xxx
Position #3	\$x,xxx	xx%	xx	\$x,xxx-\$x,xxx

Total Personnel:

Fringe Benefits at xx%
(Fringe benefits must be based on actual costs).

B. Operating Expenses
(Please itemize expenses).

C. Capital Expenditures

D. Other Costs

E. Indirect Costs
(Limited to xx% of the total of Personnel plus Fringe Benefits).

Total Budget: